VALLEY MANOR NÜRSING HOME 916 EAST CLIFFORD STREET

PLYMOUTH 53073 Phone: (920) 893-4777 Ownershi p: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 60 No Total Licensed Bed Capacity (12/31/01): 60 Title 19 (Medicaid) Certified? Yes Average Daily Census: 59 Number of Residents on 12/31/01: **59** ********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	 %	Less Than 1 Year	18. 6
Supp. Home Care-Personal Care	No					1 - 4 Years	54. 2
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 7	Under 65	3.4	More Than 4 Years	27. 1
Day Servi ces	No	Mental Illness (Org./Psy)	20. 3	65 - 74	5. 1		
Respite Care	No	Mental Illness (Other)	5. 1	75 - 84	16.9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	67.8	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1. 7	95 & 0ver	6.8	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	3. 4	İ	j	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	22. 0	65 & 0ver	96. 6		
Transportati on	No	Cerebrovascul ar	15. 3			RNs	11. 6
Referral Service	No	Di abetes	8. 5	Sex	% j	LPNs	8. 6
Other Services	No	Respi ratory	8. 5		i	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	13. 6	Male	18.6	Aides, & Orderlies	34. 7
Mentally Ill	No	İ		Female	81.4		
Provide Day Programming for		Ϊ	100.0		i		
Developmentally Disabled	No	İ			100. 0		
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Method of Reimbursement

		ledicare itle 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	41	89. 1	103	0	0.0	0	12	92. 3	146	0	0.0	0	0	0.0	0	53	89.8
Intermediate				5	10. 9	86	0	0.0	0	1	7. 7	139	0	0.0	0	0	0.0	0	6	10. 2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		46	100.0		0	0.0		13	100.0		0	0.0		0	0.0		59	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti on	s, Services, a	nd Activities as of 12	/31/01
		<u> </u>		% N	eedi ng		Total
Percent Admissions from		Activities of	%		tance of	% Totally	Number of
Private Home/No Home Health	15.8	Daily Living (ADL)	Independent		Two Staff	Dependent	Resi dents
Private Home/With Home Health	10. 5	Bathing	22. 0		54. 2	23. 7	59
Other Nursing Homes	21. 1	Dressing	32. 2		40. 7	27. 1	59
Acute Care Hospitals	52. 6	Transferring	54. 2		22. 0	23. 7	59
Psych. Hosp MR/DD Facilities	0. 0	Toilet Use	42. 4		32. 2	25. 4	59
Rehabilitation Hospitals	0. 0	Eating	83. 1		6. 8	10. 2	59
Other Locations	0. 0	********	******	******	******	*******	******
Total Number of Admissions	19	Continence		% S	oecial Treatmer	nts	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	8. 5	Receiving Resp		10. 2
Private Home/No Home Health	10.0	Occ/Freq. Incontinent		27. 1		cheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent		28. 8	Receiving Suct		0. 0
Other Nursing Homes	5. 0	İ			Receiving Osto		0. 0
Acute Care Hospitals	0.0	Mobility			Receiving Tube		0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained		0. 0	Receiving Mech	hanically Altered Diets	s 25. 4
Reĥabilitation Hospitals	0.0	i j			Ü	3	
Other Locations	0.0	Skin Care		0	ther Resident (Characteri sti cs	
Deaths	85. 0	With Pressure Sores		0. 0	Have Advance I	Di recti ves	98. 3
Total Number of Discharges		With Rashes		18. 6 M	edi cati ons		
(Including Deaths)	20	į			Receiving Psyc	choactive Drugs	69. 5
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	Thi s	0ther	Hospi tal -		Al l
	Facility	Based F	Facilities	Fac	ilties
	%	%	Ratio	%	Rati o
Occupancy Rate: Average Daily Census/Licensed Beds	98. 3	88. 1	1. 12	84. 6	1. 16
Current Residents from In-County	93. 2	83. 9	1. 11	77. 0	1. 21
Admissions from In-County, Still Residing	52. 6	14. 8	3. 55	20. 8	2. 53
Admissions/Average Daily Census	32. 2	202. 6	0. 16	128. 9	0. 25
Discharges/Average Daily Census	33. 9	203. 2	0. 17	130. 0	0. 26
Discharges To Private Residence/Average Daily Census	3. 4	106. 2	0.03	52. 8	0.06
Residents Receiving Skilled Care	89. 8	92. 9	0. 97	85. 3	1.05
Residents Aged 65 and Older	96. 6	91. 2	1.06	87. 5	1. 10
Title 19 (Medicaid) Funded Residents	78. 0	66. 3	1. 18	68. 7	1. 14
Private Pay Funded Residents	22. 0	22. 9	0. 96	22. 0	1.00
Developmentally Disabled Residents	1. 7	1. 6	1.08	7. 6	0. 22
Mentally Ill Residents	25. 4	31. 3	0. 81	33. 8	0. 75
General Medical Service Residents	13. 6	20. 4	0. 66	19. 4	0. 70
Impaired ADL (Mean)*	38. 0	49. 9	0. 76	49. 3	0. 77
Psychological Problems	69. 5	53. 6	1. 30	51. 9	1. 34
Nursing Care Required (Mean)*	6. 8	7. 9	0. 86	7. 3	0. 92